

Medical Risk Screen

Name: _____ Date: _____

NFOCUS #: _____ Assessor/Title: _____

Purpose: To evaluate and mitigate the risks associated with health issues.

	Question:	Yes	No	weight
1	Individual has severe or profound level of IDD (Intellectual and Developmental Disability)?			4.60
2	Individual is dependent on someone for 25-100% of oral intake?			5.41
3	Individual gets enteral tube feeding? (either completely fed by enteral feeding tube or gets supplemental feedings by enteral feeding tube when doesn't eat)			4.33
4	Individual has been diagnosed with pneumonia within the last year?			4.87
5	Individual has had 10 or more seizures in the last year?			4.87
6	Individual takes 2 or more medications for seizures?			4.55
7	Individual takes medications for both seizures and psychiatric conditions?			4.36
8	Individual takes 2 or more medications for psychiatric condition(s)?			3.98
9	Individual has visible tremors or has been diagnosed with Parkinson's, Tardive Dyskinesia, or EPS (Extrapyramidal symptoms).			4.36
10	Individual takes medication for or has been diagnosed with osteoporosis or osteopenia?			3.98
11	Individual has ever had a fracture of one of the long bones in their arm or leg? (only the following bones apply: femur, tibia, fibula, humerus, ulna, or radius)			3.60
12	Individual is diabetic? (either on a diabetic diet or takes medication for diabetes)			4.17
13	Individual currently takes medication for constipation?			3.79
14	Individual is currently taking medications for or has ever been diagnosed with hyperlipidemia (elevated lipid levels or high cholesterol)?			4.55
15	Individual has had a stroke or has weakness on one side of their body?			4.36
16	Individual takes medication for hypothyroidism? (such as Synthroid or Levothyroxine)			3.22
17	Individual takes medication for high blood pressure or has been diagnosed with hypertension?			3.60
18	Individual takes medication for heartburn or gastric reflux (or GERD) or has been diagnosed with acid reflux or GERD?			4.36
19	Individual has required any physical intervention or police contact to manage behavioral difficulties in the last 6 months? (includes physical holding/MANDT or TACT 2 techniques)			2.69
20	Individual is unable to ambulate or requires assistance to ambulate? (wheelchair, walker, gait belt, staff assist)			3.32
21	Individual is incontinent?			2.65
22	Individual has been diagnosed/treated within the last year for dehydration?			3.22
23	Individual has ever been diagnosed/treated for hyponatremia or hypernatremia? (low or high sodium level)			3.79
24	Individual has a BMI (Body Mass Index) greater than 30 or has had a significant weight gain or loss in the last year (greater than 10% of total body weight) (if individual lost weight on purpose, answer "no")			3.22
25	Individual has had skin breakdown in the last year? (pressure ulcers/decubitus ulcers)			4.17